

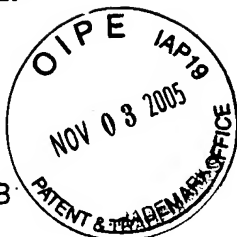
11-14-05

IFW

One North Pennsylvania Street, Suite 850
Indianapolis, Indiana 46204
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

Art Unit: 2487
Examiner: Ali, Shumaya B.
Atty. Docket: 7432-0046
Applicants: Moenning and Irbeck
Invention: DENTAL ANESTHESIA ADMINISTRATION
MASK AND EYE SHIELD
Serial No.: 10/647,991
Filed: 26 August 2003



Certificate of Express Mailing Under 1.10

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dated: 2 November 2005

Signature: Marianne E. Ries
Marianne E. Ries

Exp. Cert. No.: EV732118521US

Deposit Account:
The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:
Deposit Account No. 50-1590

CUSTOMER NUMBER: 000031425

Box Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	34	33*	1	Rate x \$25	\$.00	Rate x \$50	\$50 .00
INDEP. CLAIMS	5	5**	0	Rate x \$100	\$100.00	Rate x \$200	\$ 0.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$50.00	

* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

X An Extension of Time for 2 month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).
The required fee for filing this extension is: \$ 450.00

TOTAL FEE FOR THIS AMENDMENT

\$ 500.00

X A check in the amount of \$500.00 to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiano's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

E. Victor Indiano
Attorney of Record
Printed Name: E. Victor Indiano
Registration No.: 30,143



INDIANO VAUGHAN LLP

One North Pennsylvania Street, Suite 850
Indianapolis, Indiana 46204
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3743

Examiner: Ali, Shumaya B

Atty. Docket: 7432-0046

Applicants: Moenning and Irlbeck

Invention: **DENTAL ANESTHESIA
ADMINISTRATION MASK AND
EYE SHIELD**

Serial No.: 10/647,991

Filed: 26 August 2003

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P.O. Box 1450
Alexandria, VA 22313-1450

Dated: 2 November 2005

Signature

Marianne E. Ries
Marianne E. Ries

Exp. Cert. No.: EV732118521US

Deposit Account:

The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:
Deposit Account No. 50-1590

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Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

CUSTOMER NUMBER: 000031425

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the official Action of 02 June 2005, Applicants respectfully request entry of the following amendment.

11/07/2005 YPOLITE1 00000036 10647991

01 FC:1202 50.00 OP

11/07/2005 YPOLITE1 00000036 10647991

02 FC:1252 450.00 OP

IN THE TITLE

Please amend the title as follows: ANESTHESIA ADMINISTRATION MASK AND
EYE SHIELD.